PRINTING & DUPLICATING					1. REQUESTING OFFICE / AGENCY						JOB NUMBER				
					DATE OF	ORDE	₹	3			3. DATE REQUIRED (Enter an actual date)				
	REQUI	SITION				- ··					- DOUTING OVERDO				
4. ESTIMATE #								5. ROUTING SYMBOL							
6a. ORDERING OFFICE / AGENCY (Complete mailing address, including zip code)  6b. PERSON TO CONTACT (name and telephone number)															
							7. FORM / PUB # 8. CUSTOMER'S REFERENCE #								
	9. TITLE/DESCRIPTION OF SERVICES AND/OR MATERIAL (i.e. title, name of document)														
10. ACCOUNTING CODE (S)								11. CHARGE (S) FOR SERVICE							
							COMML PI	COMML PRINTING IN-PL			NT DISTRIBUTION			OTAL	
12. PRINTING SPECIFICATIONS															
a. NO. OF PAGE	JIRED				0.75										
	STOCK TY			CK TYPE	YPE			SIZE		STOCK COLOR				INK COLOR(S)	
	COVERS														
b. QUANTITY	TEX	т													
	DIVIDER	-													
c. NO. OF FOLD-IN		5 PER BANK	5 PER BANK OTHER (Specify)						+		BLU	OTHER			
	TABBE DIVIDER													BLACK	
	e. P			f. CON	PLETED SIZE				g. FOLD TO: h.0		ı.COI	NTENT SENSITIVITY			
PORTRAIT	ONE SIDE 2-1/8"  HEAD TO HEAD 41/4" x :					8" x 3-3/8"			OTHER (Specify)		"У			Sensitive content, Protect from	
LANDSCAPE	<del></del>	TO FOOT	x 17"					Disclosure							
13. BINDERY					_										
a. BINDING SADDLE STITCH PERFECT					b. PA	_		c. PUNCHING  AA STND 3-Hole (3/8" dia, c-c 4 1/4")		+	d. PACKAGING SHRINK WRAP			e. OTHER	
HOT TAPE	SABBLE STITOTI			LEFT CNF	OUEET	s 🗀	ndustry Stnd 3-Hole (5/16" dia, c-c 4 1/4")		-	BAND			LAMINATE		
PLASTIC CON	NO.			IDE	OTH		HER (Attach S	Sample)	mple)		PACKAGE IN SETS OF			APPLY	
LOOSELEAF TOP  14. ELECTRONIC FILE(S)													۲	MAILING TAB(s)	
	, ,	NIC FILE(S) NAME	& LOCA	TION OF I	FILE(S)									JOB IN	
PRINT FROM ELECTRONIC FILE(S)  SAVE JOB IN  ON-DEMAND LIBRARY															
15. SPECIAL INSTRUCTIONS (if additional space is necessary, attach separate sheets and key instructions to Item No (s).)															
46 DISTRIBUT	ION Mathad	I (Chassa ONE OI	NI V one	l Entor on	proprieto	info)									
CALL FOR	PERSON TO	I (Choose ONE OI CONTACT	VLY and	ı ⊑riter ap	PHONE N		R SHI	IPPING ADI	ORESS (If si	hipped to	o one destinat	ion awa	ay fro	m MMAC).	
PICKUP															
DELIVER	COPIES DELIVER TO WHOM?				BLC	)G R	ООМ								
	HANDLIST ATTACHED DISK			DISK ATT	ACHED										
MAIL	+				BELS ATTACHED										
	OTHER (Spe	cify)													
17A. CERTIFICATION OF COPYRIGHT RELEASE     17B. AUTHORIZATION TO PRINT       Permission has been granted by the publisher for reproduction of this document.     This work is authorized by regulation and is necessary to the conduct of official business													1 - 5 - 50 - 1 - 1		
Permission has b The Publisher's re		This work is authorized by regulation and is necessary to the conduct of official business. The specifications are the minimum necessary to meet agency requirements.													
CO	P				Н.	Т	1								
	D	ATE		1	API	PROVING C	FFICER	R SIGNATURE			DATE				

## Instructions for completing AC Form 1720-1 (4/03)

- 1. Requesting Office Name of the office placing the order
- 2. **Date of Order** Date order initiated
- 3. **Date Required** This is the date you want the product. DO put in a real date. DO NOT enter ASAP, etc. All work is scheduled by this entry. If the job is needed at a remote site, specify "ON-SITE" after the date. Be sure enough time is built into the schedule to realistically allow shipment.
- **4. Estimate** If you have been given an estimate on the work, it should have been assigned a number. Enter that number here to secure the estimated price.
- **5. Routing Symbol** This is the routing symbol of the office to be billed.
- **a.** Space for a more complete specification of the ordering office.
  - b. Person to Contact Name and Phone Number of the person who can answer questions about the order and the required product.
- 7. Form / Pub # Form number if a form, Pub # if a TI, Order # if an order, class # if class material.
- **8. Customer's Reference # -** A number assigned to this request by the requesting organization.
- 9. Title/Description of Services and/or Material The title of the publication or a description of services to be performed.
- **10. Accounting Code(s)** MMAC Duplicating Fund, or MMAC Commercial Fund, or DAFIS Accounting Code, and DELPHI code, method of payment if outside D.O.T.
- 11. Charge(s) for Service Charges incurred by this request will be recorded here. (Print Shop use only).
- 12. Printing Specifications
  - a. The number of pages That is the number of page-sized surfaces, one 8½x11 leaf/sheet, has two pages, whether printed on both sides or not.
  - **b. Quantity** The number of copies or sets to be produced.
  - c. No. of Fold-ins the number of sheets of a size larger than the normal page size that are to be folded into the book.
  - **d. Paper Stocks Required** Choose or Enter the type and weight, size, and color of papers/materials to be printed on and the color(s) of ink/toner to be applied.
  - e. Print Select the page orientation and how the back page relates to the front page. Select "One Side" if no sheet is to be printed on the reverse side. Select "Head-to-Head" if the top of the printing on the back page of each sheet is aligned with the top of the printing on the front of the sheet. (If bound together, these sheets will usually be bound on the left edge.)

    Select "Head to Foot" if the bottom of the printing on the back page of each sheet is to be aligned with the top of the printing of the printing on the back page of each sheet is to be aligned with the top of the printing of the

Select "Head-to-Foot" if the bottom of the printing on the back page of each sheet is to be aligned with the top of the printing on the front side. (This arrangement is usually used if the sheets are to be bound together on the top edge.)

- **f.** Completed Size Select one of the standard sizes or enter the size to which the pages are to be trimmed.
- g. Fold To If the publication is to be folded to a smaller size, such as to prepare for mailing, enter that size here.
- **h. Content Sensitivity** Check if the content of the job is to be protected from disclosure. The job will be stored in a locked area when not being processed. The job will not be printed commercially unless beyond shop capabilities and not without customer consultation.

## 13. Bindery

- a. Binding Select the type of binding desired. If staples, enter the number and select the location.
- **b. Pad** If padding of forms is desired, state the number of forms to be in each pad.
- c. Punching If holes are needed, select the hole size desired. If other than 3-ring binder drill, furnish a sample.
- **d. Packaging** Select the type of interior packaging. If sets are to be packaged together, enter the number of sets to be in each package.
- **e.** Other Select Laminate if that is to be done.
- Select "Apply Mailing Tabs" if required
- 14. Electronic Files Check if printing is to be from files. Specify file name(s) and location(s): CD-ROM, ZipDisk, Floppy disk or on the "dropjobs" shared directory. Check "Save Job in On-Demand Library" if the document is frequently reprinted without change. For help on the use of electronic files to submit print jobs contact Printing and Distribution via phone or email.
- **15. Special Instructions** If your job requires anything that is not represented by a specific box, enter those instructions here. If this space is not large enough, insert a note directing attention to an attachment. Any requirement for the job that is not annotated on this form does not exist. DO NOT rely on anyone's memory to get your job right.
- **16. Distribution Method** Choose one of the three primary options for distribution of your publication. We can call you to come pick up the job. We can deliver the job wherever it is needed, locally or across the country. We can mail it to multiple recipients whose addresses you supply. More complicated dispersal methods can be accommodated; just annotate here and provide specific details in an attachment.
- 17. Signatures -
  - **17a. Certification of Copyright Release** We cannot print copyrighted material without a release from the copyright owner. This area is used to certify that a copy of the release is attached.
  - **17b. Authorization to Print** Printing involves spending your organization's funds or allotment. A signature here indicates that a person authorized to expend your organization's funds has reviewed and approved this print request.

Early consultation with P&D specialists on methods and materials is recommended. It helps to clarify expectations and to assure that the desired result is attainable. It also can lower costs by avoiding "RUSH" charges.

Please furnish an original and three copies of AC Form 1720-1 when submitting your print job in hardcopy. If further help is needed to fill in the form, the copies can be made at P&D after the form is completed.